

EMT CEU Conversion/Examination Request

| EMT Information | | |
|--------------------|-----------------------|-------------------------|
| Full Name (Print) | | [[B][]][P] |
| Mailing Address | | |
| City/State/ZipCode | | |
| Home Phone # | Work Phone # | |
| Social Security # | State Certification # | Certification Exp. Date |

| CEU Conversion/Examination Request |
|--|
| <p><i>Attached is a copy of my IST training record as well as all other training documents I have earned during the three (3) years of my EMT certification.</i></p> <p><i>I request this training be converted to CEUs. I understand that I will not be credited with CEUs for any training done <u>prior to</u> or <u>after</u> my certification dates.</i></p> <p><i>I understand that my records (attached) are <u>not valid</u> unless all training is properly documented and contains <u>all appropriate signatures</u> as required in the IST & CEU policy manuals.</i></p> |
| <p>Signature: EMT Candidate/ Date</p> <p><i>Upon receipt of your training documentation, DHEC will evaluate the records for compliance with the CEU requirements. If you meet all CEU requirements, DHEC will inform you, in writing, of your eligibility to challenge the written & practical certification examination.</i></p> <p><i>If there are any deficiencies, your packet will be returned informing you of the deficiencies.</i></p> <p><i>If your certification expires and you have failed to meet the minimum CEU requirements, you will be required to successfully complete a state-approved refresher course and certification examination before you will be granted recertification.</i></p> <p><i>Once your SC state certification expires, you may not function as an EMT until you have satisfied all recertification requirements and have been properly recertified.</i></p> |

| CEU Package Check List | |
|------------------------|---|
| | Entire CEU Recert Package |
| | Any training documentation not included in the CEU package. |
| | Completed & Signed Certificate Application (White, Green, Or Blue) Card |
| | Valid BLS Credential |
| | Valid ACLS Credential (Paramedics Only) |

EMT Didactic Attendance: Certification Year One

EMT Name

| SC EMT Cert. # | EMS Provider Name |
|----------------|-------------------|
|----------------|-------------------|

EMS Provider Name

[illegible]

I verify that this individuals didactic training occurred each month as documented above within the guidelines as set forth in the IST Policy. Verification of this training in the form of class attendance rosters are maintained and will be supplied upon request.

Signature: Primary Training Officer / Date

Signature: Medical Control / Date

EMT Didactic Attendance: Certification Year Two

EMT Name

[illegible]

EMS Provider Name

[illegible]

I verify that this individuals didactic training occurred each month as documented above within the guidelines as set forth in the IST Policy. Verification of this training in the form of class attendance rosters are maintained and will be supplied upon request.

Signature: Primary Training Officer / Date

Signature: Medical Control / Date

EMT Didactic Attendance: Certification Year Three

EMT Name

| SC EMT Cert. # | EMS Provider Name |
|----------------|-------------------|
|----------------|-------------------|

EMS Provider Name

[illegible]

I verify that this individuals didactic training occurred each month as documented above within the guidelines as set forth in the IST Policy. Verification of this training in the form of class attendance rosters are maintained and will be supplied upon request.

Signature: Primary Training Officer / Date

Signature: Medical Control Physician/ Date